

give gratuitously professional services that conserve the health and the lives of thousands of fellow citizens?

To add to the special features of this peculiar situation, the County of Los Angeles now proposes to institute a "collection bureau" to collect fees from persons able to pay, presumably to compensate itself for giving "free medical attention," but no mention has been made to date of repaying a portion of the fees so collected to the physicians and surgeons who actually supply the professional services.

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*Analogous Conditions Exist in Other County Hospitals.*—The above figures and facts furnish abundant basis for serious thought. In lesser quantitative degree problems such as have been here outlined concerning the Los Angeles County General Hospital have arisen in other county hospitals in California, and to the profession and lay people of these smaller and less wealthy counties are equally important. It must be apparent that the component county medical societies in California owe it to themselves and the people to know much more than they do about their respective county hospitals.

Truly, we of the medical profession may well survey ourselves and our gratuitous services to the public. We live in a changed day and generation. It is quite possible that important readjustments are needed. If so, it is not too soon to begin to educate ourselves and lay citizens concerning more equitable methods of procedure. Otherwise we may find ourselves in the rôles of martyrs at altars given over to worship of traditions and of civilizations that are behind us.

#### THE NEXT CALIFORNIA LEGISLATURE—ITS PUBLIC HEALTH IMPORTANCE

*Petitions of Candidates for California Legislature Filed Before June 26.*—This coming November California will hold a state election. At that time a new legislature will be elected. There are twenty senatorial seats and eighty assembly seats to be filled. As this is written, a press dispatch from Sacramento indicates that there will be a total of some 400 candidates for these 100 positions. The petitions of all candidates must be filed before June 26.

It is important for all county medical society committees on public policy and legislation from now on until the final election is held to be alert to their responsibilities. All members of the California Medical Association also have responsibilities, for the committees on public policy and legislation are only the leaders and spokesmen in this particular work.

After June 25 the public press throughout California will print repeated items concerning candidates for the legislature. Members of the California Medical Association should clip and file such items, for they can be of real use to committeemen and others.

Every member of the California Medical Association should also make it a matter of special business not only to know who will be the candidates from his own assembly or senatorial district, but also to know as much as can be gleaned concerning the background and public health viewpoints of each candidate.

The next California Legislature should be composed of assemblymen and senators having sound views on public health and of the rights of lay citizens to be properly protected in all matters of public health.

The duty of medical men and women who would live up to their civic and professional responsibilities is very plain in all this. It is to obtain the information noted above and to send the same in personal or other memoranda to county medical society secretaries for transmittal to county and state medical society committees on public policy and legislation. Our committeemen will appreciate such cooperation greatly. To be successful in the work for which they have been appointed they must have the active support of their colleagues. They are entitled to such support and should receive it.

#### ON THE OWNERSHIP OF X-RAY FILMS AND PRINTS

*Bedside Medicine Symposium on Ownership of Roentgen Films and Prints.*—Many medico-legal viewpoints have been given on the subject of ownership of x-ray films and prints. The subject is an everpresent source of controversial discussion, both in and out of the courts. From time to time a decision that seems to clarify the situation is handed down by some court only later to be set aside, on appeal to a higher court. In a recent case which was up before one of the courts in San Francisco, the learned judge rendered a decision on a point involving x-ray films and prints, giving an opinion quite different from that generally held by medical men.

Roentgen films and prints seem to have a peculiar fascination for the members of lay juries and even to some judges, and improper understanding of films and prints may easily jeopardize the reputation of a physician or surgeon. The subject is therefore one which is of great importance to the medical profession. Readers of CALIFORNIA AND WESTERN MEDICINE are invited to take the time to read the symposium printed in this issue. (See page 48.)

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*Some X-Ray Notices and Safeguards to Be Used by Physicians.*—All malpractice cases arising in California are brought to the attention of the California Medical Association Council for consideration and discussion. The Council at its San Francisco meeting held on May 28 authorized the publication in the official journal of certain notices to which its attention had been called by Dr. Henry J. Ullmann of Santa Barbara, who had been using such in his private practice. A special committee was appointed to study these. These

form blanks, as modified and approved by the Council, are now presented for such suggestive value as they may have to members of the California Medical Association, and are printed in this July number of CALIFORNIA AND WESTERN MEDICINE. (See page 50.)

It is hoped that the forms submitted will commend themselves to California Medical Association members and be of real service in simplifying the question of ownership of films and prints for those who need and use them.

#### COMMENT ON THIS AND THAT

*How Hospital Service Has Increased in Recent Years.*—The June 11th hospital number of the *Journal of the American Medical Association* gave some very interesting facts and figures concerning hospitals of the United States. The growth of these institutions has been phenomenal. Today hundreds of millions of dollars are represented in American hospital buildings and equipment. Fifty years ago there were less than two hundred hospitals in the United States, with a capacity of about 35,000 beds. In the present year 1932 there are more than 6,000 hospitals, housing about one million beds.

In California there are 18 federal, 17 state, 61 county, 6 city, and 5 city and county hospitals, or a total of 107 government-owned hospitals, having a total of 39,045 beds, in which a total of 162,599 patients received care during the year 1931.

California also maintains 41 church, 6 fraternal, 15 industrial, 136 individual, and 102 independent hospitals, or a total of 300 nongovernment hospitals with a total capacity of 16,936 beds, in which a total of 299,878 patients received care during the year 1931.

By type of service, California had 256 general hospitals recording 420,030 patients admitted; 27 nervous and mental hospitals with 4,112 admissions; 46 tuberculosis hospitals with 5,441 admissions; 14 maternity hospitals with 2,051 admissions; 16 industrial hospitals with 10,367 admissions; 13 convalescent and rest hospitals with 864 admissions; 2 isolation hospitals with 21 admissions; 4 children's hospitals with 9,471 admissions; 2 eye, ear, nose, and throat hospitals with 2,690 admissions; 3 orthopedic hospitals with 1,690 admissions; 14 hospitals in institutions with 4,078 admissions, and 10 miscellaneous hospitals with 1,662 admissions.

To serve these hospitals, California had 146 hospital superintendents, 419 interns, 390 resident physicians, and 6,882 members of attending staffs; or a total of 7,837 physicians who served in hospitals in 1931, as against a total of 6,442 physicians who served in hospitals in 1928.

California has 117 outpatient departments, which in 1931 admitted 478,664 outpatients, and those patients in 1931 were credited with a total of 1,752,496 outpatient visits to such departments.

The above interesting figures furnish a basis for serious thought and suggest numerous queries. Is California over or underhospitalized in either its government or nongovernment hospital accom-

modations? Are the nongovernment hospitals in such financial shape that they are in position to weather adverse economic conditions such as exist at the present time? Are certain of the government hospitals, more particularly the county institutions, operating in unfair competition to nongovernment taxpaying hospitals which were organized at earlier dates than the government institutions; and if so, what should be done to remedy such conditions? To what extent should be carried on the further construction of government and nongovernment hospitals in California? Are citizens of moderate financial circumstances in position to bear the expense of hospitalization and at the same time pay proper fees to attending physicians? Has there been a tendency toward overhospitalization? Is a sentiment developing to any extent among large groups of the lay population of California that citizens have a right to gratuitous professional services in government hospitals, more particularly in county institutions, and, if so, what is to be the answer by the supporters of nongovernment hospitals, by the taxpayers who maintain government hospitals, and by the medical profession whose members give gratuitous services in so many public hospitals?

The above and many other questions come to mind in a consideration of some of these present day hospital and medical practice problems. It is important that members of the profession should familiarize themselves with all phases of hospital work, because many of these problems are of themselves and through professional and lay boards being pressed for early solution. An accurate knowledge of facts and figures is necessary if sound conclusions are to be drawn and needed policies formulated.

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*Status of Schools of Nursing.*—Somewhat pertinent to a discussion of general hospital problems is that of the nursing schools which have accredited standing in many of the institutions. The rise of the American trained nurse is a comparatively recent phenomenon. The same may be said of the training schools for nurses which a few years ago it was the ambition of almost every moderate sized hospital to maintain. In the last decade, owing to the higher and steadily increasing standards of nurses and hospital associations and of the state examining boards for nurses, it has become evident that schools of nursing may easily become luxuries for hospitals to maintain.

In this connection an item from the Los Angeles *Times* of June 6 last may here be quoted:

"A plan providing for a complete reorganization of the system under which the School of Nursing at the Los Angeles County General Hospital is operated, which will, it is declared, effect an annual saving of \$250,000, has been submitted in a report by Norman R. Martin, executive superintendent of the institution, to Supervisor Shaw. The latter has been advocating the change for more than a year. . . ."

In the plan referred to in the above item it is proposed to do away with stipends to student nurses, to reduce the school of nursing from 600 to 250 students, and to admit students only after they have pursued training courses for nurses as given nowadays in junior colleges.